

CALL FOR AREA BOARD VII MINI GRANTS/APPLICATION INSTRUCTIONS

This application packet is provided as a resource to those persons and/or organizations in Area Board VII's catchment area interested in submitting a Mini Grant application. The funding for the Mini Grants is being provided through the State Council on Developmental Disability (SCDD) Community Program Development Grant (CPDG) program for Fiscal Year 2007-2008.

The Council approved mini grants to fund supports/services in the Area Boards' catchment areas for local unmet needs. The submission of an application through the CPDG program is not a guarantee of funding.

The maximum amount available for each Mini Grant is \$5,000. Each proposal must be for one time only expenses to assist an individual with developmental disabilities to start a business or become employed. Funds must not be used to supplant existing services.

All Mini Grant Applications must be submitted by **March 25, 2008**, to the following address:

Area Developmental Disabilities Board VII
2580 North First Street #240
San Jose, CA 95131

Mini Grant applications shall be a maximum of five (5) pages and shall use **font size 14 and have 1" margins.**

In completing the Mini Grant application, the SCDD strongly encourages applicants to be accurate, brief, and clear in their proposal. Ask someone to help with this if you think you need it.

The Mini Grant application **must** be submitted in the following order:

1. Mini Grant Application Cover Sheet (1 Page)
2. Program Summary (Maximum of 3 pages)
3. Budget Page (1 Page)

The Mini Grant application process does not contain a debriefing process or a protest period.

MINI GRANT APPLICATION TIMELINES

Flyer – Mini Grant Application Release	February 19, 2008
Mini Grant Application Submission Deadline	March 25, 2008
Area Board Evaluation/Ranking	March 26 – April 15, 2008
Award Notification	April 16, 2008

Expenditures must be completed and invoices submitted by June 15, 2008.

State Council on Developmental Disabilities
Area Board VII Mini Grant Application
Fiscal Year 2007-2008

COVER SHEET

Applicant: _____

Title of Proposal: _____

Address: _____

Amount Requested: \$ _____

Contact Person: _____ Email: _____

Phone Number: _____ Fax Number: _____

Federal Identification or Social Security Number: _____

Is This Entity a Disabled Veteran's Business Enterprise? _____ Yes _____ No

Check Type of Organization: _____ Non-Profit _____ Proprietary _____
Higher Education _____ Local Government Agency _____ Other (specify)

Identify the County(ies) where the services will be provided: _____

Total number of individuals with developmental disabilities and/or families that will be served by this project: _____ Consumers _____ Family Members

The Project Summary (Maximum of 3 pages) must address all of the following, and in this order:

1. Summary of Services – Tell us about your proposed project in one page or less.
2. Applicant's Experience and Knowledge – What sorts of things have you done and learned in the past that will help you with this project?
3. Need for Project – Why do you think this project is important?
4. Target Audience – Who is this project for? How many people do you think you will reach?

Applicant: _____

BUDGET PAGE

A. PERSONNEL SERVICES

Name / Position

1.	_____	\$	_____
2.	_____	\$	_____
3.	_____	\$	_____

A. Total Personnel Costs: \$ _____

B. CONSULTANTS – List agency if applicable

1.	_____	\$	_____
2.	_____	\$	_____

B. Total Consultant Costs: \$ _____

C. OPERATING COSTS: (LIST OPERATING COSTS THAT APPLY.)

1.	_____	\$	_____
2.	_____	\$	_____
3.	_____	\$	_____
4.	_____	\$	_____
5.	_____	\$	_____

C. Total Operating Costs: \$ _____

TOTAL (Sum of A+B+C) \$ _____
